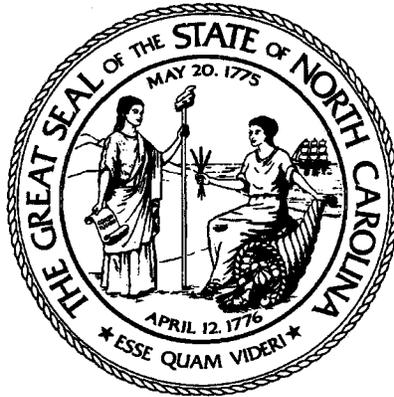


# **LEGISLATIVE COMMITTEE ON NEW LICENSING BOARDS**

Assessment Report  
for

## **Substance Abuse Specialists**

**Senate Bill 712**



## LEGISLATIVE COMMITTEE ON NEW LICENSING BOARDS

May 19, 1997

The Legislative Committee on New Licensing Boards is pleased to release this assessment report on the licensing of substance abuse professionals. This report constitutes both the preliminary and final assessment report.

W. Frank Mitchell  
Representative Frank Mitchell, Chairman

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**LEGISLATIVE COMMITTEE ON NEW LICENSING BOARDS**

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## PREFACE

The Legislative Committee on New Licensing Boards is a 9-member joint committee of the House and Senate created and governed by statute (Article 18A of Chapter 120 of the General Statutes). The primary purpose of the Committee is to evaluate the need for a new licensing board or the proposed licensing of previously unregulated practitioners by an existing board. The Committee has been in existence since 1985.

The Committee solicits written and oral testimony on each licensing proposal in carrying out its duty to determine whether the proposal meets the following criteria:

- (1) Whether the unregulated practice of the profession can substantially endanger the public health, safety, or welfare, and whether the potential for such harm is recognizable and not remote or dependent upon tenuous argument.
- (2) Whether the profession possesses qualities that distinguish it from ordinary labor.
- (3) Whether practice of the profession requires specialized skill or training.
- (4) Whether a substantial majority of the public has the knowledge or experience to evaluate the practitioner's competence.
- (5) Whether the public can effectively be protected by other means.
- (6) Whether licensure would have a substantial adverse economic impact upon consumers of the practitioner's good or services.

The Committee issues an assessment report on its findings and recommendations. The recommendation in the report is not binding on other committees considering the proposal.

## **Substance Abuse Specialists**

Substance abuse specialists are currently recognized by the North Carolina Substance Abuse Professionals Certification Board. This Board was created in 1994 to provide a voluntary credentialing procedure and recognition for those wishing to hold themselves out as "certified substance abuse counselors." Substance abuse counseling involves the assessment, evaluation, or the provision of counseling to persons suffering from substance abuse or dependency, alcohol abuse or dependency, or drug abuse or dependency.

Senate Bill 712 would add "clinical addiction specialists" to the list of persons that can voluntarily seek registration with the Substance Abuse Professionals Certification Board. Certification would be a requirement only for those wishing to hold themselves out as "certified clinical addictions specialists." The bill allows a person to become certified as a clinical addictions specialist in one of four ways. The first three involve different combinations of education (masters degree level), post-graduate experience, and examinations. The fourth involves being certified by the credentialing body of a professional discipline that the Board has deemed meets certain requirements for education, experience, and examination (*see proposed G.S. §90-113.41A*).

It is the opinion of counsel to the Committee that Senate Bill 712 was not subject to mandatory review by the Committee because it did not mandate licensure of clinical addictions specialists. Voluntary certification proposals are exempt from mandatory review under the Committee's statutory jurisdiction (*see*

*G.S. 120-149.2(3)*). However, the Committee does undertake discretionary reviews of bills referred to it, including Senate Bill 712.

To the extent that the criteria by which the Committee evaluates proposed licensing bills are applicable, the Committee makes the following findings:

- (1) The unregulated practice of the profession can substantially harm or endanger the public health, safety, or welfare, and the potential for such harm is recognizable and not remote nor dependent upon tenuous argument.
- (2) The practice of the profession possesses qualities that distinguish it from ordinary labor.
- (3) The practice of the profession requires specialized skill and training.
- (4) A substantial majority of the public does not have the knowledge or experience to evaluate the practitioner's competence.
- (5) The public cannot be effectively protected by other means.
- (6) Licensure would not have a substantial adverse economic impact upon consumers.

The Legislative Committee on New Licensing Boards recommends the establishment of a certification process for clinical addictions specialists. This assessment report constitutes both the preliminary and the final assessment report for the certification of clinical addictions specialists. The report is based on the proposed certification of clinical addictions specialists as set out in Senate

Bill 712, the response to the Committee's questionnaire (attached), and testimony before the Committee on May 12, 1997.

# **SUBSTANCE ABUSE SPECIALISTS**

**REPORT TO THE LEGISLATIVE COMMITTEE ON NEW  
LICENSING BOARDS**

**1997 SESSION OF THE NORTH CAROLINA GENERAL  
ASSEMBLY**

**“AN ACT TO CERTIFY CLINICAL ADDICTIONS SPECIALISTS,  
PROVIDE SPECIFIC AUTHORITY FOR CERTIFICATION OF  
CLINICAL SUPERVISORS AND RESIDENTIAL FACILITY  
DIRECTORS, AND TO MAKE A TECHNICAL CHANGE”**

**Senate Bill 712**

*Question 1 – In what ways has the marketplace failed to regulate adequately the profession or occupation?*

Failure to adequately regulate the profession arises from the fact that currently the public receives assessments, counseling and other clinical applications to address the issue of substance abuse from individuals with a great diversity of academic, experiential and skill-based backgrounds. While anyone can hold him or herself out as a generic counselor who possesses the ability to help someone overcome a substance abuse problem, most people do not demonstrate the necessary skill. This is manifest not only by non-professionals but by individuals within a number of professional groups who must provide these necessary services but who have little preparation for what should be considered a specialty within their professional group, requiring special training and evaluation of their qualifications.

People in the marketplace incorrectly assume that persons with certain experiences, degrees or professional designations have the full spectrum of knowledge and skill to properly diagnose and assist them in overcoming their dependence and abuse of drugs, both licit and illicit. While these persons may have some areas of expertise, their needs to be a professional standard to ensure aptitude, knowledge and skill in all areas, which the clinical addiction specialist will be required to possess, no matter to what profession group he/she belongs.

When a member of the public sees the title “clinical addiction specialist,” then he or she will know that this individual within or without some other professional group has the specific training to enable the specialist to properly determine and evaluate the extent of their substance abuse, if any, and competently counsel them about how to address this problem to better their lives.

***Question 2 – Have there been any complaints about the unregulated profession or occupation? Please give specific examples including (unless confidentiality must be maintained) complainants' names and addresses.***

The confidential nature of substance abuse services makes this a difficult question to answer. Also, to make a complaint requires the individual to reveal the fact that he/she has sought substance abuse services and, thus, complaints are rare. The stigma attached to substance abuse treatment services makes consumers reluctant to admit to their use and could jeopardize their employment and standing in the community. We cannot furnish names and addresses of these complainants because these names must be kept confidential and the Board does not hold a release of information form from these individuals as is required by state and federal confidentiality laws.

***Question 3 – In what ways has the public health, safety, or welfare sustained harm or is in imminent danger of harm because of the lack of state regulation? Please give specific examples.***

Some professionals and non-professionals alike, who have held themselves out as substance abuse specialists with the prerequisite clinical skills, have harmed and are in imminent danger of harming the public due to their lack of knowledge and ability resulting in a failure to adhere to professional standards that protect the public. Again, we are unable to give specific information due to the confidential nature of this work. But, many people may provide substandard services that can jeopardize the effectiveness of their treatment. This is because they do not have the necessary knowledge regarding organizations, application of clinical skills, crisis intervention and a concentration on the specialty of substance abuse treatment and prevention services.

Additionally, unqualified practitioners are more likely to provide poor or inadequate assessments and treatment plans for clients, inappropriate referrals to costly or inadequate services and misdiagnose the level and severity of the substance use disorder. In these cases, both the individual consumer and the organizational consumer [be it an employer or family member(s)] are without the assurance of the consumer protections afforded by certification provided by persons with this certification.

***Question 4 – Is there potential for substantial harm or danger by the profession or occupation to the public health, safety, or welfare? How can this potential for substantial harm or danger be recognized?***

Yes, there is potential for substantial harm or danger by the profession or occupation to the public health, safety, or welfare. In FY1992-93, 55,328 persons required outpatient treatment services in public programs. This increased slightly in FY1993-94 to 55,588 and in FY1994-95 to 63,152 persons. Total services provided in public substance abuse programs (outpatient, intensive outpatient, detox and residential) rose from 77,432 persons served in FY1992-93 to 89,816 persons served in FY1994-95 (or an increase of over 12,000 persons). With the marked increase in services required in

the public sector alone (exclusive of private treatment programs), the need continues to increase for more and more clinical addiction specialists. As the need increases, it is imperative that those persons who provide clinical addiction treatment are meeting high standards that will provide quality services in the most cost-effective manner. Matching clients to the services they need while supporting continuous and focused engagement and treatment will render a truly successful outcome and reduce the rate of recidivism in substance abuse treatment programs. It is appropriate to provide the most important mix of services and settings for each client based on an assessment of individual needs and cultural relevance. Without the highly skilled and trained clinical addiction specialists this credential will ensure, the benefits to the public health, safety and welfare will be greatly limited. The increase in the number of persons in public substance abuse treatment programs is the best evidence of how the potential for substantial harm and danger to the public may be recognized. In addition to the numbers themselves, the exponential increase in the complexities of people's lives, social pressures, work-place issues, family responsibilities and a myriad of other biopsychosocial influences demand the greatest proficiency of professional treatment to assure the appropriate outcome.

***Question 5 – Has this potential harm or danger to the public been recognized by other states or the federal government through the licensing or certification process? Please list the other states and any applicable federal law (including citations).***

Yes. Virtually every state and territory of the United States is taking steps to implement some form of licensure (certification) or statutory certification for persons in the substance abuse treatment community. The National Association of Alcohol and Drug Abuse Counselors has several levels of national certified addiction counselors. In addition the U.S. Department of Transportation requires substance abuse assessments and treatment be provided by persons who meet this high standard of professionalism and service delivery. Persons who need these services enumerated in federal regulations are those in interstate trucking, rail and airline transportation and shipping. The significance of all the above reflects the efforts to decrease the economic costs of substance abuse in society and the important role the clinical addiction specialist would play in these initiatives.

***Question 6 – What will be the economic advantage to licensing (certification) to the public?***

The public will be assured that the services they are purchasing are quality clinical substance abuse services and not some other products that will fail to achieve the desired results. Certification of clinical addiction specialists assures the appropriate measure of quality and experience and a demonstrated level of competence. Resources used to purchase quality services delivered by qualified clinical addiction specialists will give employers a greater dollar return on each dollar investment in terms of reduced absenteeism, turn-over and workers' compensation claims as well as increased productivity. Certification will also give consumers a route to expose inadequate substance abuse services and practitioners.

***Question 7 – What will be the economic disadvantages of licensing (certification) to the public?***

We know of no economic disadvantages to the public. This legislation will allow for the certification of qualified providers but it is not exclusionary in nature.

***Question 8 – What will be the economic advantages of licensing (certification) to the practitioners?***

The economic advantages of certification to the practitioner manifests itself through the public's awareness that the practitioner meets a standard of education, competence and ethical norms that are valid, reliable and defensible. The confidence this instills in the public results in an economic advantage to the profession (i.e.: engaging the services of the clinical addiction specialist who is know to hold these high standards).

***Question 9 – What will be the economic disadvantages of licensing (certification) to the practitioners?***

There should be no economic disadvantage to the vast majority of professionals who have the requisite knowledges, skills and abilities. However, those who lack these skills would not be allowed to practice until they have rectified their deficiencies and, consequently, would have to assume the costs for correcting these deficiencies. Other than that, there is minimal cost for certification application and maintenance.

***Question 10 – Please give other potential benefits to the public of licensing (certification) that outweigh the potential harmful effects of licensure (certification) such as a decrease in the availability of practitioners and higher cost to the public.***

Certification of clinical addiction specialists further defines and standardizes substance abuse treatment services, extends consumer protection to the public and reduces the number of unqualified practitioners. In addition persons in the substance abuse treatment community provide untold hours of volunteer work in their communities, churches and schools educating both adults and adolescents to recognize signs of substance use disorders and to make themselves available as resources persons for people and families faced with the disease of addiction.

***Question 11 – Please detail the specific specialized skills or training that distinguish the occupation or profession from ordinary labor.***

The clinical addictions specialists to be credentialed by this act shall demonstrate refined skills in:

- screening for appropriateness and eligibility to a treatment program
- intake for admission to a treatment program
- orientation to the treatment program and facility

assessment of the individual's strengths, weaknesses, problems and needs for development of a treatment plan  
treatment planning to identify and rank problems needing resolution, establish agreed upon immediate and long-term goals and decide upon a treatment process and the resources to be utilized  
counseling individuals, families or groups in achieving objectives through exploration of problems, examination of attitudes and feelings, consideration of alternative solutions and decision making  
case management to bring services, agencies, resources or people together within a planned framework of action toward the achievement of established goals that may be accomplished through liaison activities and collateral contracts  
crisis intervention services that respond to an alcohol or other drug abuser's needs during acute emotional and/or physical distress  
client education to provide information to groups or individuals concerning alcohol or other drug abuse and the available services and resources

referral to other agencies or counselors that cannot be met by the professionals certified under this act (such as acute medical conditions)  
report and recordkeeping which charts the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries and other client-related data; and  
consultation with other professionals to assure the highest quality of care for the substance use disorder client

These are known in the substance use disorder treatment community as the twelve core functions of substance abuse counseling. These 12 core functions are internationally recognized as the basis of alcohol and other drug abuse counseling. All of these are specific specialized skills and training that distinguish this occupation or profession from ordinary labor.

***Question 12 – What are the other qualities of the profession or occupation that distinguish it from ordinary labor?***

There is the International Certification & Reciprocity Consortium/Alcohol and Other Drug Abuse based in Raleigh, North Carolina. The Board's mission is to foster higher standards of ethical and professional practice in the delivery of substance use disorder services through a recognized credentialing program that assures competence of clinical addiction specialists. The 12 core functions of substance use disorder counseling are recognized by 40 states and the District of Columbia, all of the United States military, the United States Indian Health Services, and three foreign countries. Persons credentialed under this act are also recognized by the federal government to provide substance use disorder counseling to persons who have been accused of driving while impaired and who work in interstate and international transportation services (such as trucking, railroad, shipping and airlines).

***Question 13 – Will licensing requirements cover all practicing members of the occupational profession? If any practitioners will be exempt, what is the rationale for the exemption?***

No, only those seeking certified clinical addictions specialists status would be covered. This bill allows for certain long-time practitioners of substance abuse services to be certified without fulfilling the educational and experience-based requirements of this Act. It also allows persons who are members of certain professional groups achieving “deemed status” to be certified also without fulfilling the educational and experience-based requirements of this Act.

***Question 14 - What is the appropriate number of persons who will be regulated and the number of persons who are likely to utilize the services of the occupation or profession?***

The certification bill anticipates approximately 2,000 people will seek certification and be regulated under this act. There are over 1 million residents of North Carolina who suffer from a substance use disorder. This does not include the family members and close friends of those persons who suffer from this disease. It is estimated that these numbers will continue to increase just as they have increased dramatically over the past five years as listed above. It is also estimated that one-third to one-half of the persons in our prisons suffer from substance use disorders and that their incarceration is a direct result of their addiction. This does not include the flood of cases in our courts on domestic violence, DWI's and assaults that stem from alcohol and other drug problems. When these numbers are considered, along with the depth and breadth of this problem in our state, it is imperative that the most highly qualified clinical addiction specialists give persons who are in need of services assistance.

***Question 15 – What kind of knowledge or experience does the public need to evaluate the services offered by the practitioner?***

The public needs a concise and precise working definition of what a clinical addiction specialist is and what a clinical addiction specialist does. The public must have knowledge that there are professional and ethical standards of conduct for the practice of clinical addictions specialists. Members of the public need to know how to report violations of ethics for individuals who misrepresent themselves, their services or otherwise violate the ethical code of responsibility. The public should inquire as to whether or not the practitioner has received the proper training and experience necessary to earn the credential. The public needs to know a criterion by which to evaluate and choose services. Certification will assist the public in determining qualified providers and evaluating their services.

***Question 16 – Does the occupational group have an established code of ethics, a voluntary certification program or other measures to ensure a minimum quality of service?***

Yes. See attached administrative rules from North Carolina Administrative Code Chapter 68 for ethical code of conduct and certification procedures as they currently exist. In addition attached is a copy of the current practice act that is Article 5C of Chapter 90 of the North Carolina General Statutes (which also includes the proposed changes adding the clinical addictions specialist criteria).